



ENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>		Client Name <b>O. H. MATERIALS</b>				Location <b>1004 OSWEGO ST. UTECH, N.Y.</b>				Date <b>8/18/87</b>															
Facility Equipment <b>N/A</b>	Detex Clock <b>N/A</b>	Weapon No. <b>N/A</b>	Holster <b>N/A</b>	Nightstick <b>N/A</b>	Raincoat <b>1</b>	Flashlight <b>3</b>	Other <b>Log Book / 2 Keys / Radio</b>																		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <b>Kenneth Frelif</b>				Officer—Swing Shift (Name) <b>P. Bloomquist</b>				Officer—Grave Shift (Name) <b>Dick Hokuski</b>															
Shift Began <b>8 AM</b>		AM-PM <b>PM</b>		Ended <b>8</b>		Shift Began <b>8 AM</b>		AM-PM <b>PM</b>		Ended <b>8</b>															
Observations or actions taken		Yes	No	Explanation		Yes	No	Explanation		Yes	No	Explanation													
Rounds or stations missed			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Unlocked doors, gates or windows			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Unlocked vaults or safes			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Fire-smoke-or hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
1. Extinguishers missing or defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
2. Sprinkler system defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
3. Fire doors or exits blocked			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
4. Rubbish accumulation			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
5. Motors running			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
6. Lights left burning			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>As Required</b>			<input checked="" type="checkbox"/>	<b>LIGHTS OUT 0558.</b>													
Injury hazards <b>EPA - on site</b>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Visitors			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<b>EPA PEOPLE</b>													
Trespassing			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<b>ON SITE</b>													
Violation of company rules			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Remarks <b>(0912 F. Cady Sub. prepared 0915 Sub. prepared)</b>																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																									
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures		1		2		3		1		2		3		1		2		3		1		2		3	
		<b>Kenneth Frelif</b>						<b>P. Bloomquist</b>						<b>Dick Hokuski</b>											
Signatures		2		3		1		2		3		1		2		3		1		2		3		1	
Signatures		3		1		2		3		1		2		3		1		2		3		1		2	

439252

